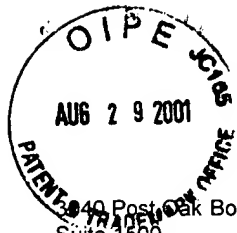


Receipt



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PATENT APPLICATION

Assistant Commissioner for Patents
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THIRD REQUEST FOR CORRECTED FILING RECEIPT

Sir:

In connection with the below-identified application:

Applicants:	Gordon et al.		
Title of application:	ENCODING OPTIMIZATION TECHNIQUES FOR ENCODING PROGRAM GRID SECTION OF SERVER-CENTRIC INTERACTIVE PROGRAMMING GUIDE		
Serial No.:	09/583,388	Filed:	05/30/2000
Attorney Docket No.:	DIVA/245CIP4		

Please issue a CORRECTED filing receipt to correct the continuing data as claimed by Applicants. As set forth in the specification, that data should read as follows:

**THIS APPLICATION IS A CIP OF 09/293,526, filed 4/15/99
WHICH CLAIMS BENEFIT OF 60/093,891, filed 7/23/98;
AND IS A CIP OF 09/428,066, filed 10/27/99
AND IS A CIP OF 09/458,796, filed 12/9/99**

A marked copy of the 7/30/2001 filing receipt is enclosed. By Associate Power of Attorney/Change of Correspondence Address filed on June 4, 2001, the Office has been directed to forward all correspondence to the undersigned. Please mark the file accordingly.

Respectfully submitted,

8/27/01

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CERTIFICATE OF MAILING UNDER 37 C.F.R. 1.8(a)

I hereby certify that this correspondence is being deposited
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APPLICATION NUMBER	FILING DATE	INT. PART UNIT	INT. FEE REC'D	ATTY. DOCKET NO.	DRAWINGS	TOT. CLAIMS	IND. CLAIMS
09/583,388	05/30/2000	2611	460	19880-002600	35	9	4

CONFIRMATION NO. 1364

CORRECTED FILING RECEIPT



OC000000006358716

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Date Mailed: 07/30/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

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Domestic Priority data as claimed by applicant

THIS APPLICATION IS A CIP OF 09/293,526 04/15/1999
WHICH CLAIMS BENEFIT OF 60/093,891 07/23/1998
AND ~~WHICH~~ IS A CIP OF 09/428,066 10/27/1999
AND ~~WHICH~~ IS A CIP OF 09/458,796 12/09/1999

Foreign Applications

If Required, Foreign Filing License Granted 08/08/2000

Projected Publication Date: N/A

Non-Publication Request: No

Early Publication Request: No

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Bib Data Sheet

CONFIRMATION NO. 1364

SERIAL NUMBER 09/583,388	FILING DATE 05/30/2000 RULE	CLASS 345	GROUP ART UNIT 2611	ATTORNEY DOCKET NO. 19880-002600
APPLICANTS Donald F. Gordon, Los Altos, CA; Sadik Bayrakeri, Foster City, CA; John P. Comito, Redwood City, CA; Edward A. Ludvig, Redwood City, CA; Harold P. Yocom, Fremont, CA;				
** CONTINUING DATA ***** THIS APPLICATION IS A CIP OF 09/293,526 04/15/1999 WHICH CLAIMS BENEFIT OF 60/093,891 07/23/1998 AND A CIP OF 09/428,066 10/27/1999 AND A CIP OF 09/458,796 12/09/1999				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 08/08/2000				
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY CA	SHEETS DRAWING 35	TOTAL CLAIMS 9 INDEPENDENT CLAIMS 4
ADDRESS 26291				
TITLE Encoding optimization techniques for encoding program grid section of server-centric interactive programming guide				
FILING FEE RECEIVED 460	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	